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Latarjet Reconstruction Protocol

Name	Date
Procedure	
Circle One: Latarjet w/ subscapularis split	Latarjet w/ subscapularis take-down & repair
Procedure Date	
Frequency 1 2 3 4 5 times/week	Duration 1 2 3 4 5 6 weeks
 and the developing bony union of the comust also be protected during this time. Goals- minimize shoulder pain, decreas Precautions- sling at all times except for stretching (stop at end feel); shower with pulling ROM- FF to tolerance, ER to 25-30 deg 45 degrees with 30 degrees of abduction 	se inflammation, protect repair, achieve PROM or exercises; no AROM; no excessive ER th arm in abducted position; no lifting, pushing, grees starting with 30 degrees of abduction, IR to

- Elbow PROM, AAROM
- Hand ROM
- Ball squeezes
- Prevent shoulder extension with pillow behind elbow
- Cryotherapy to decrease inflammation

Weeks 6-9:

- Criteria for Phase II progression: compliance with precautions and immobilization guidelines; ROM 100 degrees FF, 30 degrees ER, 20-30 degrees abduction; minimal or no pain with exercises
- Goals- protect surgical repair, obtain AROM, start light waist level activities
- Discontinue sling by week 4-5

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- Precautions: must have most PROM and good mechanics, no pushing, pulling, lifting, no excessive ER or stretching, avoid activities with excessive load on anterior structures: (such as push-ups or flys)
- ROM
 - Week 6-7 FF to tolerance, ER to 45 with 30 degrees abduction, IR to 45 with 30 degrees abduction)
 - Week 8-9 continue PROM; FF, IR, abduction to tolerance; ER progression, may progress once >35 degrees ER at 0-40 abduction
- Mobilize glenohumeral joint if decreased ROM; only mobilize in directions of limited motion, address scapulothoracic and trunk mobility limitations as well
- Start post capsule stretching
- Strengthen scapular retractors and upward rotators
 - Initiate balanced AROM program
 - Low dynamic position first
 - No pulling, pushing, lifting
 - Exercises should be pain free
 - \circ No substitution
 - \circ Open and closed chain exercises

Weeks 10-Month 4:

- Criteria for progression to phase III: passive FF to 80% of contralateral shoulder, passive ER within 10-15 degrees of contralateral shoulder at 20 degrees abduction; passive ER of at least 75 degrees in 90 degrees abduction
- Goals- improve strength, endurance, neuromuscular control
- Precautions- avoid aggressive overhead activities/strengthening; avoid contact sports/activities; no strengthening until near full ROM
- ROM- near full ROM and pain free
- Continue AROM
- Start biceps curls with light resistance
- Start pectoralis major strengthening
- Start subscapularis strengthening
- Push-up plus (counter, wall, knees on floor)
- IR resistive band

Months 4-6:

- Goals- return to full work and recreational activities; overhead activities phase /return to activity phase
- Precautions- avoid stressing anterior capsular structures; "always see your elbows" exercises (avoid bench, dips, lat pulls behind shoulders); no throwing or overhead activities until cleared by MD
- ROM- full and pain free
- Progressive isotonic strengthening with no substitution
- Progressive lifting program (focus on pec, lat, deltoid)
- Light weight with higher reps

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Comments:

Teach HEP

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ Date_____

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